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APPLICANTS

Jeffrey Andrew Borenstein, New York, NY;
 Heskia Heskiaoff, New York, NY;

** CONTINUING DATA ***** None DBC

** FOREIGN APPLICATIONS ***** None DBC

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after

Verified and Acknowledged
 Examiner's Signature: *Julie Robinson* Initials: *DB*

ADDRESS
 Jeffrey Borenstein, M.D.
 80 East End Avenue
 New York, NY
 10028

TITLE
 Medication-partnership program

FILING FEE RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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